

2014-2015 ROUNDTOP MOUNTAIN RESORT MULTI-VISIT CARD RELEASE AGREEMENT

Complete form entirely. PLEASE PRINT. Once submitted, any change is subject to a \$25 fee. Valid starting 1/2/15, only at Roundtop.

NAME _____ EMAIL _____ FIRST M.I. LAST	Club Name _____ Advisor Name _____ If you are purchasing a card for the first time... Staple new photo here!
ADDRESS _____ STREET CITY STATE ZIP	
DATE OF BIRTH ____/____/____ AGE ____ PHONE (____) _____	

Please fill in if purchasing rentals.
Height: ____ft____in. Shoe Size: ____
Weight: ____
Male/Female: ____

SKILL LEVEL (check one)

- ☐ **Type 1** Cautious skiing at *lower* visual indicator settings
☐ **Type 2** Moderate skiing *average* visual indicator settings
☐ **Type 3** Aggressive skiing at *higher* visual indicator settings

SELECT MULTI-VISIT CARD PACKAGE:

IF PURCHASED BEFORE 11/4/14		IF PURCHASED AFTER 11/4/14	
4 VISIT LIFT ONLY (4 hour or night)	\$138 _____	4 VISIT LIFT ONLY	\$163 _____
4 VISIT LIFT/LESSON	\$178 _____	4 VISIT LIFT/LESSON	\$203 _____
4 VISIT LIFT/LESSON/RENTAL	\$208 _____	4 VISIT LIFT/LESSON/RENTAL	\$233 _____
*6 VISIT LIFT/LESSON	\$230 _____	*6 VISIT LIFT/LESSON	\$255 _____
*6 VISIT LIFT/LESSON/RENTAL	\$265 _____	*6 VISIT LIFT/LESSON/RENTAL	\$285 _____
*8 VISIT LIFT/LESSON	\$275 _____	*8 VISIT LIFT/LESSON	\$300 _____
*8 VISIT LIFT/LESSON/RENTAL	\$300 _____	*8 VISIT LIFT/LESSON/RENTAL	\$325 _____
ADVANTAGE CARD	\$25 _____	ADVANTAGE CARD	\$25 _____
HELMET (SELECT SIZE BELOW)	\$50 _____	HELMET (SELECT SIZE BELOW)	N/A _____
PROTECTION POLICY	\$8 _____	PROTECTION POLICY	\$8 _____
*available only for college classes			
TOTAL DUE \$ _____		TOTAL DUE \$ _____	

CHOOSE FROM OUR TWO HELMET OFFERS!

Option 1: Smith Optics Helmet - \$50. Purchase details on the last page of this agreement. Tax is included. Please refer to sizing chart on back page before selecting your helmet size. Offer expires 11/4/14.

To order a helmet, please select size (Color is Black only): **SM MED L**

Option 2:

Visit our Mountain Sports Shop and receive a 25% discount (with proof of purchase of your MVC) on the helmet of your choice. Our expert staff will size and custom fit your choice for you! Offer expires 1/15/15

PROTECT YOUR INVESTMENT!

The protection policy offers a prorated reimbursement based on the date and number of card uses. It is based only on the amount paid for the Multi-Visit Card. Coverage becomes effective in the event of a transfer by your employer necessitating a move of 125 miles or more, or injury and/or sickness which prevents your participation in the sport. Documentation from your physician is required. This option must be purchased with your initial order. **If you do not purchase the protection policy, your purchase is considered final and non refundable for any reason.**

No claims accepted after 3/15/15.

YOUR SIGNATURE: The **Liability Release Agreement** and **Responsibility Code**, as located on the back of this page, and the **Code of Conduct**, as printed on the last page of this packet, must be completely read before signing below. Your signature assures compliance with these. Parental or guardian signature is required for participants under the age of 18. Keep the pink copy and the last page for your records.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE PROGRAM LIABILITY RELEASE AGREEMENT AND RESPONSIBILITY CODE ON THE REVERSE OF THIS PAGE. I ALSO AGREE TO THE CODE OF CONDUCT AS PRINTED ON THE LAST PAGE OF THIS PACKET. I FURTHER UNDERSTAND AND I AM SIGNING ON BEHALF OF MYSELF, THE MINOR CHILD I AM REPRESENTING, AND OTHER PARENT/GUARDIAN, AGREEING TO BE LEGALLY BOUND HERETO.

Signature: _____ **Date:** _____
Parent/Guardian (Signature of one parent/guardian binds both parents/guardians)

Signature: _____ **Date:** _____
Participant